


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000034292 1. Entity Name MARION OAKS REHAB, INC.	
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Principal Place of Business
C/O MAHER BESHAY
10916 S.E. TIMUCUAN RD.
SUMMERFIELD, FL 34491

Mailing Address
C/O MAHER BESHAY
10916 S.E. TIMUCUAN RD.
SUMMERFIELD, FL 34491



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0661336	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BESHAY, MAHER
10916 SE TIMUCUAN RD.
SUMMERFIELD, FL 34491

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate(s))

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BESHAY, MAHER
STREET ADDRESS	10916 SE TIMUCUAN RD.
CITY - ST - ZIP	SUMMERFIELD, FL 34491

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000368310
05/25/05-80010-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05

352 454-8322